

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		2				
3		3				
4		4				
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TOTAL IND.	15					
TOTAL DEP.						
TOTAL CLAIMS	15					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
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TOTAL CLAIMS						